PTO/SB/06 (08-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13528-216US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA **RATE** RATE FEE FEE **BASIC FEE** \$ 770 OR (37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c)) 0 minus 20 = 20 OR INDEPENDENT CLAIMS . 3 0 0 = minus 3 = 0 0 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 OR 770 0 **TOTAL** OR **TOTAL** If the difference in column 1 is less then zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus _ (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 OR 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-B REMAINING NUMBER **PRESENT** RATE TIONAL TIONAL **RATE AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** Minus = (37 CFR 1.16(c)) OR Independent *** Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 OR 0 ADDIT. FEE ADDIT. FEE (Column I) (Column 2) (Column 3) CLAIMS **HIGHEST** ADDI-ADDI-REMAINING PRESENT NUMBER -RATE TIONAL RATE TIONAL AMENDMENT AFTER PREVIOUSLY **EXTRA** FEE FEE MENDMENT PAID FOR Total (37 CFR 1.16(c)) OR ** Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR TOTAL 0 0 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT, FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.